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CONFIRMATION NO. 1346

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/729,143 | FILING DATE<br>12/04/2003<br><br>RULE | CLASS<br>343 | GROUP ART UNIT<br>2821 | ATTORNEY<br>DOCKET NO.<br>004578.1370 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

Gary A. Frazier, Garland, TX;

\*\* CONTINUING DATA \*\*\*\*\* *No*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/12/2004

|   |  |                           |                        |                          |                              |
|---|--|---------------------------|------------------------|--------------------------|------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>28 29 | INDEPENDENT<br>CLAIMS<br>8 9 |
|---|--|---------------------------|------------------------|--------------------------|------------------------------|

Verified and Acknowledged

Examiner's Signature *C. S. H. H. H.* Initials *CSH*

ADDRESS  
 45507  
 BAKER BOTTS LLP  
 2001 ROSS AVENUE  
 6TH FLOOR  
 DALLAS , TX  
 75201

TITLE  
 Method and apparatus for detecting radiation at one wavelength using a detector for a different wavelength

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1144 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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